



State  
Of  
Arkansas

## CONTRACTORS LICENSING BOARD

4100 Richards Road  
North Little Rock, Arkansas 72117  
501 / 372-4661  
FAX 501 / 372-2247

### CONTRACTORS LICENSE APPLICATION RECIPROCITY INFORMATION

The State of Arkansas has entered into reciprocal agreements with the States of Tennessee, Mississippi, Alabama, and Louisiana in order to allow qualified contractors the ability to move from state to state in the least restrictive manner. This agreement does not minimize the ability of the State of Arkansas to investigate the applicant in any way. This agreement does not relieve the contractor of the responsibility of furnishing any necessary information to the Contractors Licensing Board State of Arkansas as required.

In order to consider reciprocity when submitting an application for a contractor license in the State of Arkansas, the following requirements must be met:

1. A contractor must complete and submit the New Application for a license along with all financial requirements and must have been licensed and domiciled at least three (3) years within the state from which you are seeking reciprocity.
2. The applicant must show proof of licensure in that state by providing the completed Reciprocal Form and Reciprocal Affidavit. The Contractors Licensing Board State of Arkansas retains the authority to require all necessary information by an applicant to show cause for the issuance for a contractors license in this state.
3. The applicant must complete the ***Reciprocal Form (top section) and the Reciprocal Affidavit. The Reciprocal Affidavit must be completed, dated, and signed by you, with notary signature and notary seal. When the affidavit is completed send it to this office at:***

**Contractors Licensing Board  
4100 Richards Road  
North Little Rock, AR 72117  
FAX# (501) 372-2247**

4. You as the contractor are responsible to send the Reciprocal Form to the verifying state in order for the contractors licensing board in that state to complete the bottom section. You are also responsible to get that completed form to us.

Those applicants applying for Plumbing, Electrical, HVACR or other classifications where a trade exam may be applicable will be required to meet all requirements of the particular agency involved.

Revised 04/11



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### RECIPROCAL FORM

1. Instructions to Applicant for Reciprocal: Insert your name and address and complete the top portion of this request. The verifying state can fax/mail the completed form to our office.

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

I am requesting licensure in the State of Arkansas as a \_\_\_\_\_.  
I have been licensed in the State of \_\_\_\_\_ under the following:

Name \_\_\_\_\_  
EIN#/SS# \_\_\_\_\_  
License # \_\_\_\_\_

Please verify my licensure in your state.

\_\_\_\_\_  
Signature of Applicant

### TO BE COMPLETED BY VERIFYING STATE.....

2. Please furnish the information requested. Sign and verify the document.

It is hereby verified that \_\_\_\_\_ was first licensed by the State of \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ as follows:

License# \_\_\_\_\_ Current Status \_\_\_\_\_

Classification: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Classification: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Classification: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed by (check one): \_\_\_\_\_ Waiver (explain) \_\_\_\_\_

\_\_\_\_\_ Exam: Name of Qualifier \_\_\_\_\_

SS# of Qualifier \_\_\_\_\_

Type of Exam \_\_\_\_\_

Exam Score \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filling Out Form

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Agency



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### **Reciprocal Affidavit**

I, \_\_\_\_\_, state an oath and affirm:  
(Name of Person that is Owner/Partner/Officer/Member)

1. I am \_\_\_\_\_ of \_\_\_\_\_. I am currently a  
(Position) (Name of Company)  
licensed contractor under the Laws of \_\_\_\_\_. I have been a licensed  
(State)  
contractor for \_\_\_\_\_ years.
2. I am seeking to be licensed as a contractor in the State of Arkansas under its reciprocal  
agreement with \_\_\_\_\_. I certify that I meet all requirements of the  
(Name of State)  
reciprocal agreement.
3. Although I am not required to pass an Arkansas Business and Law Examination before becoming  
licensed in the State of Arkansas, I recognize that I am not exempted from the Laws of the State  
of Arkansas and its agencies, including the Department of Finance and Administration,  
Employment Security Division, Workers Compensation, and all other applicable agencies.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature of Owner/Partner/Officer/Member)

Sworn to before me this: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(SEAL)  
(Notary Public Signature)

My commission expires: \_\_\_\_\_